

# United Care®

Home Health Services LLC

License# HHA299992867

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## LIST OF PERSONNEL FILE ITEMS

*To be furnished by applicant:*

- Resume
- License/Certificate
- Proof of Liability Insurance
- Driver's License
- Auto Insurance
- Current CPR Card
- Social Security card
- Current HIV CEU (must have been completed within the past 2 years)
- Alzheimer's CEU
- Current Domestic Violence CEU (must have been completed within the past 2 years)
- 12 Hours of Inservice (HHAs only)
- Copy of Level 2 Background check if completed in the last 5 years

Included with this packet is a form that needs to be completed and brought to orientation:

- ✓ Physical Examination Form: You must have a physical within 6 months prior to hire. If you have a physical dated within the past 6 months and it states "free from communicable disease" please provide a copy; if not, please bring this form to a Physician and have a physical complete the form. This form must be signed by a MD. We require a PPD/Chest X-Ray on file as well.

Important: Document Contains 2 Pages

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# MEDICAL PHYSICAL EXAMINATION

Employee Name: \_\_\_\_\_

In my opinion, \_\_\_\_\_ is physically able to perform all work related duties, and is free of signs and symptoms of communicable disease including TB, and does not constitute a risk of communicating disease to any person under the care of the agency.

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## TUBERCULOSIS SCREENING

### PPD Test

Date administered: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_

Results: \_\_\_\_\_

*or*

### X-Ray Test

Date administered: \_\_\_\_/\_\_\_\_/\_\_\_\_

Results: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Name (Print)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip